

**CHILD/FAMILY SERVICES
TRANSFER OF CHILD'S RECORDS**

TO: **Service Options:** Date: _____
 ___ Center Based ___ Home Based ___ FCCH
 Location _____ Teacher _____

FROM: **Service Options:**
 ___ Center Based ___ Home Based ___ FCCH
 Location _____ Teacher _____

The following records have been transferred from this center:

- | | |
|---|---|
| _____ Application Form | _____ Child Assessment |
| _____ Income Data | _____ Portfolio |
| _____ Developmental Screenings | _____ Social/Emotional Checklist |
| _____ Child Action/Follow Through Report | _____ Observation Records |
| _____ Family Portfolio/Family Partnership Agreement | _____ Parent Conference/Contact/Home Visit (ED) |
| _____ Internal/External Referrals | _____ Special Ed. Documents (if applicable) |
| _____ Notification of Parental Rights | _____ Child/Family Contact Log |
| _____ Child Abuse Pamphlet Receipt | _____ Nutrition Assessment |
| _____ Speech/Language Screening Documentation | _____ Hearing Results |
| _____ Health History | _____ Vision Results |
| _____ Physical Exam | _____ Dental Exam Results |
| _____ Parent Consent | _____ Dental Treatment Records |
| _____ TB Results | _____ Immunization Record |
| _____ Hemoglobin/Hematocrit Results | _____ Medical Referrals |
| _____ Parent Conference/Contact/Home Visit Record | _____ Other _____ |
| | _____ Other _____ |

RECEIVED: _____

Distribution: White – Originating Center Yellow - Receiving Center Pink - Return to Originating Center